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ABSTRACT

This document is a step-by-step guide to profiling statewide alcohol, tobacco, and other drug problems and policies. Profiles of this sort capture the complexity of alcohol, tobacco, and other drug abuse indicators at the local level, incorporating data from a range of disciplines and making it possible to design data-driven interventions. The guide is intended for use by public or private agencies. Each state is unique, but the steps required to produce a profile are predictable. They are: (1) getting started; (2) gathering data; (3) investigating programs; (4) producing the report; and (5) looking ahead. For each project phase, the guide provides a task list with specific goals. Each chapter contains examples of challenges faced by compilers of other profiles. The guide also includes examples of standard forms that Drug Strategies has found useful in conducting profile research. (Contains 41 references.) (SLD)

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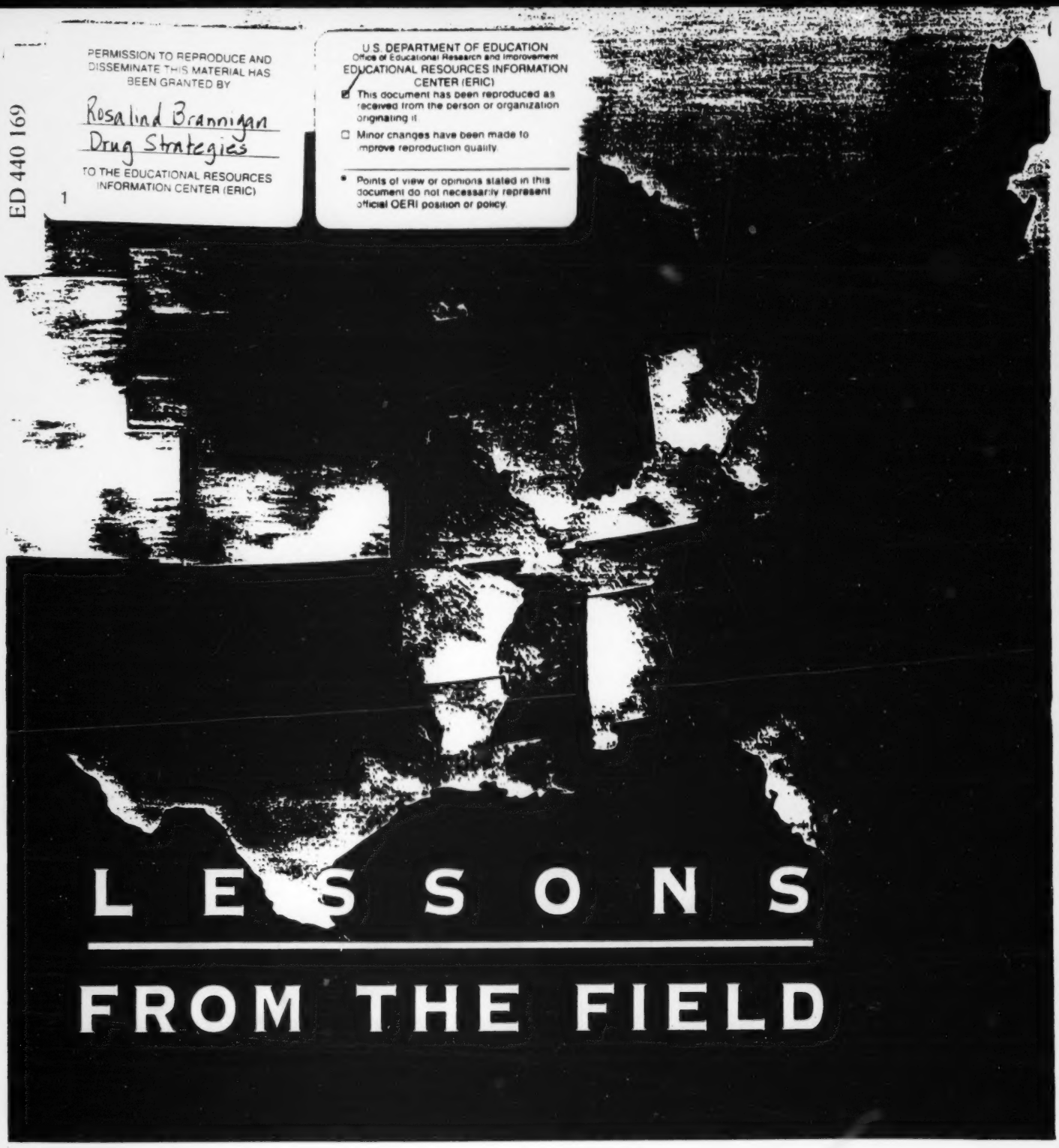


# PROFILING ALCOHOL, TOBACCO & OTHER DRUG PROBLEMS

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# 1. Introduction

An age of accountability is upon us. Fast-paced developments in computer technology and information exchange systems contribute to the expectation that policies will be data-driven, and funders of drug abuse prevention, treatment and criminal justice programs now require evidence of effectiveness. Increasingly states are finding innovative approaches to alcohol, tobacco and other drug problems. However, with growing demands to address the outcome of anti-drug efforts, states need comprehensive "profiles" that evaluate drug abuse initiatives.

In recent years, private groups in the drug abuse field have produced fundamental tools for studying data indicators at the state and local level, including seminal guides by the Brandeis University Institute for Health Policy and Join Together. State-by-state reports from other groups contain some key data indicators needed for state profiles. Examples include work by the Annie E. Casey Foundation, the Campaign for Tobacco-Free Kids, the Children's Defense Fund, Mothers Against Drunk Driving, and the National Association of State Alcohol and Drug Abuse Directors.

These documents have simplified efforts to study alcohol, tobacco and other drug abuse indicators at the local level, capturing the complexity of the problems by incorporating data from a wide range of disciplines. States are often eager to produce interdisciplinary studies of local efforts and progress related to drug abuse. Such profiles challenge the assumptions of separate domains in favor of more inclusive interpretations. Yet many states lack a comprehensive methodology for profiling drug abuse policies and programs, and forming recommendations for improved strategies.

*Lessons from the Field: Profiling State Alcohol, Tobacco and Other Drug Problems* is Drug Strategies' response. Between 1995 and 1998, supported by grants from the Robert Wood Johnson Foundation, Drug Strategies published profiles of alcohol, tobacco and other drug problems in Arizona, California, Massachusetts, Ohio and South Carolina. The chief objective was to give policymakers an independent assessment of the nature and extent of alcohol, tobacco and other drug problems, and the effectiveness of state responses, pointing out relevant trends in drug use, crime, cost to society, health policy and health status. The profiles broke new ground in agency collaboration, produced important policy recommendations and received significant media attention. The success of the first five profiles prompted three additional states—Indiana and Kansas (1999) and North Carolina (forthcoming)—to pursue similar projects funded by local foundations and public agencies. The profiles are referenced frequently by policymakers and program officials across the country.

*Lessons from the Field* is a step-by-step guide to profiling statewide alcohol, tobacco and other drug problems and policies. We hope it will assist in producing state profiles that will clarify local trends and guide policy reforms.

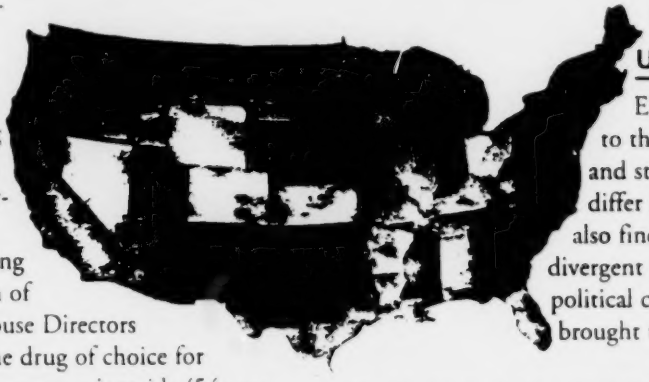
This project was made possible by a grant from the Robert Wood Johnson Foundation. In preparing this report, Drug Strategies consulted numerous experts in the drug abuse field. A distinguished group of drug abuse and health policy experts also reviewed a draft of the document. While we are grateful for the insight and wisdom of those who contributed to our work, Drug Strategies is solely responsible for the content of this report.

# II. Why Prepare a State Profile on Drug Abuse?

Drug abuse is a nationwide problem. Alcohol, tobacco and other drugs cost Americans an estimated $350 billion a year in health care, welfare, crime, automobile accidents and lost productivity. And drug abuse inflicts untold misery, not only on addicts and their families, but on the victims of drug-related crimes, accidents and negligence. No community is immune from the consequences of drug abuse.

## A National Problem, But Local Impacts

Drug abuse is a decidedly local issue: its consequences are felt most acutely in individual neighborhoods, and policy responses—whether formulated at the national, state, county or city level—play out in local settings that may vary enormously.



***Location Matters.*** Drug use trends tend to be local, with a given drug's popularity varying substantially across the country. According to the National Association of State Alcohol and Drug Abuse Directors (NASADAD), alcohol is the drug of choice for half of those who seek treatment nationwide (54 percent); however, this varies considerably from state to state. For example, 81 percent of admissions in Nebraska are for alcohol, compared to 31 percent in California.

***States Can Set the Tone.*** States have broad discretion in setting and implementing policy, discretion which in turn affects the context within which different communities grapple with drug abuse. The wide range of penalties for drug offenses is a case in point. For example, cocaine possession in New Mexico carries a maximum penalty of 18 months in prison. The same offense in neighboring Texas could bring a life sentence.

State policies can also diverge widely with respect to legal drugs, as in the area of excise taxation. Research has shown that raising the price of alcohol and tobacco through excise tax increases can be an effective prevention strategy, especially with respect to youth, who are more sensitive to price increases. But excise tax rates vary considerably by state. For example, a six-pack of beer sold in Hawaii is subject to that state's excise tax of 52¢; the same beer sold in Missouri (home to Anheuser-Busch) would be subject to only a 3¢ state excise tax. Similarly, a pack of cigarettes sold in Michigan is taxed at 75¢, compared to only 2.5¢ per pack in Virginia (home to Phillip Morris). Clearly, even states that face similar problems are limited by quite different resources and conditions in confronting substance abuse, depending on the policies adopted in each state.

## Similar Problems, Unique States

Each of these factors points to the need for state-level data and state-level strategies. States differ from one another, and can also find themselves in widely divergent contexts, depending on the political culture and laws that are brought to bear.

Clearly, national data are inadequate to capture the crucial distinctions required to shape statewide strategies to reduce drug abuse. Based on findings of substantial geographic variation in drug popularity, the National Institute of Justice (NIJ) has highlighted the importance of paying better attention to local and state drug use trends and policy impacts. Strategies well-suited to one state at a given time may be less effective elsewhere or at other phases of a drug's popularity. Also, success in one aspect of drug control may not alleviate the need for emphasis in other areas. For example, the decline in new, young crack users in many states since the early 1990s does not change the fact that numerous older users have already become addicted; they need drug treatment, not prevention.

## MEETING THE NEED:
## A HOW-TO GUIDE FOR STATES

In recognition of the need to illuminate state drug trends and to fashion responses suited to local realities, Drug Strategies presents *Lessons from the Field: Profiling State Alcohol, Tobacco and Other Drug Problems.* The guidance offered is based on Drug Strategies' experience in producing seven state profiles (Arizona, California, rural Indiana, Kansas, Massachusetts, Ohio and South Carolina) but also draws on the expertise of those who have prepared profiles in other states (such as New Hampshire and Oregon).

Five years of state profile work has allowed Drug Strategies to develop and to test a reliable methodology. Using examples from profile projects in several states, the goals of this guide are:

- to promote data-driven analysis of alcohol, tobacco and other drug problems;
- to facilitate agency collaboration in assessing and responding to these problems;
- to establish a standard methodology for profiling states which is accessible to public and private institutions and partnerships; and
- to describe methodological challenges and responsive strategies.

An important caveat: because no two states are exactly alike, no single set of guidelines will apply in all cases. The goal, rather, is to establish a framework for asking the right questions, even though the answers are bound to differ.

## A GUIDE TO THE GUIDE

*Lessons from the Field* is a guide to producing state profiles of alcohol, tobacco and other drug problems. It is intended for use by public or private agencies. Each state—and therefore each profile—is unique, reflecting local drug use trends, policies and programs, power structures, funding streams, research methods and agency priorities. Nonetheless, the steps required to produce a profile are predictable. *Lessons from the Field* anticipates the decisions and challenges faced at each phase of the profile process. The guide also offers strategies for attaining goals and increasing the likelihood that legislators, agency officials and the public will embrace the profile and its recommendations.

***PROJECT PHASES.*** This guide describes five essential phases for state profiles. It connects the goals for each project phase to specific steps, including key decisions, challenges and strategies related to each goal.

### PROJECT PHASES

GETTING STARTED

GATHERING DATA

INVESTIGATING PROGRAMS

PRODUCING THE REPORT

LOOKING AHEAD

For each project phase, this guide provides a task list with specific goals. This method can be applied in any state. However, the challenges will be unique in each location; it is not possible to anticipate all potential obstacles. Rather, based on past profile work, each chapter provides examples of challenges faced to help researchers identify solutions to difficulties that may arise.

The guide also includes examples of standard forms that Drug Strategies has found useful in conducting profile research. Some researchers will want to replicate these forms, while others may choose to modify them or to reject them altogether.

Decisions made at the start of the profile project affect the scope of the research, the level of cooperation among participating agencies, and the effectiveness of the final product. The goals of this project phase include: establishing objectives; securing funding; designating oversight; choosing advisors; and selecting indicators.

## ESTABLISHING OBJECTIVES

The first decision involves which of two basic profile types to produce: an indicator-only report, or a more comprehensive report that includes policy recommendations.

*THE INDICATOR-ONLY APPROACH.* In states which have never undertaken a broad survey of alcohol, tobacco and other drug problems, simply gathering the data is an important objective. Presenting interdisciplinary data clearly and in a single report can help raise public awareness and foster statewide action. The data can also serve as a baseline against which to measure progress in the following years. For example, the Regional Drug Initiative (RDI) in Portland, Oregon publishes an annual *Drug Impact Index* that highlights county and state trend data for a dozen indicators. RDI's annual report is an excellent example of an indicator-only approach, and has been used as a model by other drug prevention groups in Texas, Illinois, New Hampshire and California.

*THE COMPREHENSIVE APPROACH.* More ambitiously, the objective of the profile project may be to offer data-driven policy and program recommendations. Such recommendations will need to flow from the profile's findings on drug trends and the status of current programs in various fields, including prevention, treatment, and law enforcement. Drug Strategies' state profiles are built with policy recommendations in mind; each report concludes with a section called "Looking to the Future" that is intended to serve as a blueprint for change. This type of project requires both qualitative and quantitative data, as well as extensive analysis of how data are used by public and private agencies and elected officials. Depending on the issue, recommendations may be fairly general or quite specific, and meant to be accomplished quickly or in the longer term. They can touch on many areas, including: availability and allocation of funds; legislation and policies; agency structure and objectives; direction of public and private initiatives; interagency communication and collaboration; and public-private partnerships. The decision to include policy recommendations will require gathering qualitative data to complement and help interpret the trends revealed by quantitative data. Interviews with all the relevant players (e.g., government agency officials, researchers, service providers and advocates) capture the range of perceptions and opinions about statewide problems and the strategies needed to address them. Drug Strategies has found that effective policy recommendations are grounded in a strong understanding of the local terrain; otherwise, they risk being either unrealistically ambitious or unhelpfully timid.

*WEIGHING THE ADVANTAGES.* Compared to profiles intended only to highlight selected indicators, the comprehensive profiles that Drug Strategies has produced require considerably more time and research. The comprehensive profiles are therefore unlikely to be repeated annually, which is a great advantage of the indicator-only profile. On the other hand, comprehensive profiles directly link important drug-related data to specific policy recommendations. A third profile option would represent a compromise between the indicator-only and comprehensive approaches: conduct in-depth analysis of a select few indicators, probably all in one field (e.g., drug abuse and HIV/AIDS; underage alcohol, tobacco and other drug use; courts and corrections). Such a strategy, however, sacrifices both the indicator-only profile's advantage of publicizing a wide range of indicators, as well as the comprehensive profile's advantage of drawing connections between different aspects of a state's drug problems.

Clearly, the project's research agenda will depend on whether the profile will include policy recommendations or will be limited to presenting the best available data. The amount of time and money required to gather the data and publish the selected indicators may preclude the profile sponsor from undertaking the additional research that would be necessary to arrive at policy recommendations. Similarly, the profile sponsor may be a state agency without the mandate to offer policy recommendations

beyond its own realm of expertise. In any case, the impact of an indicator-only effort should not be underestimated. Alcohol, tobacco and other drugs are often considered separately, both by government agencies and by concerned private groups. Such a wide scope of issues can be difficult to explain briefly, but doing so can bring a new level of focus, energy and collaboration to statewide efforts. Once procedures for information gathering and report production are in place, subsequent profiles can either follow-up on the chosen set of indicators—as RDI has been doing for a decade—or complement the trend data with analysis and recommendations.

*KEY QUESTIONS.* Regardless of which type of profile is chosen, several key questions will need to be considered at the outset. Answers to these questions will vary by state, but some general suggestions can be kept in mind as the profile process unfolds. All of the questions discussed below are relevant to comprehensive profiles; for indicator-only profiles, questions 1 and 5 will apply.

### *1. WHO ARE THE TARGET AUDIENCES FOR THE REPORT?*

The target audience should include concerned citizens and all those with authority to shape state and local alcohol, tobacco and other drug policies. This obviously includes the governor, state legislature, state agency officials, and non-governmental service and advocacy organizations. Since counties and cities often shape their own responses to drug problems, the mayors, city councils and local coalitions are also valuable targets, as are the media, both for the influence of its editorial opinions and its capacity to reach other broader audiences. Where federal policies and programs impact state drug problems, the profile should also target members of Congress and relevant federal departments and agencies. For example, the Department of Education's Safe and Drug-Free Schools and Communities program, which distributes funds to state departments of education in every state, has an interest in the effectiveness of the programs funded. Other federal programs with an interest in state-level activities include the Department of Housing and Urban Development's Public and Indian Housing Drug Elimination Program; and the Department of Justice's Community Oriented Policing Services (COPS), Byrne Grants Program, and Operation Weed and Seed. Combined, these federal programs provide nearly $1.5 billion annually to state and local governments.

Depending on their geographic location or other special circumstances, certain states may have important unique audiences. For instance, daily life in southern Texas is affected significantly by Mexico. The strong cultural and commercial ties between these two regions make the residents and leaders of Mexican border communities important audiences for a Texas profile.

### *2. WHICH FUNDING STREAMS, AGENCIES AND PROGRAMS WILL BE EXAMINED?*

Because alcohol, tobacco and other drug problems have a wide impact, numerous public agencies are involved, including those responsible for public health, education, alcohol and tobacco sales licensing, law enforcement and criminal justice. A state's health department alone may be responding to drug abuse on several fronts: prevention and treatment programs; HIV/AIDS testing and counseling; tobacco control; maternal and newborn health; and drug use prevalence surveys. Drug abuse issues also affect state and local agencies responsible for foster care, job training, welfare, public housing, homelessness, mental health and recreation. Certain functions may be handled at the county or city level rather than at the state level. In Michigan, for example, Detroit arrestees are held in Wayne County jails, and the provision of drug abuse treatment for jail inmates is up to the county, not the state.

Ideally, agencies will already be collaborating on programs in ways that take advantage of their different mandates and areas of expertise. Manhattan's Midtown Community Court, for example, provides on-site social services, such as counseling, health care, education and treatment, for defendants with alcohol and other drug problems. Street Outreach Services (SOS), a project of the New York Police Department, pairs counselors from the court with officers on patrol. SOS teams identify and find treatment for homeless individuals, alcoholics and other drug addicts. However, it is easier to find examples of such collaboration at the local level than among state agencies.

### 3. Which public perceptions and priorities will the profile aim to change?

It may not become clear until the profile is already well under way which perceptions and priorities merit the most attention, and these may vary considerably depending on locale. Still, two broad possibilities can be kept in mind. First, there is often intense local concern over alcohol and tobacco-related problems, even if political and media attention has been concentrated on illicit drugs. For example, illicit drugs often dominated state prevention efforts in Indiana, but local experts cautioned against overlooking the harm caused in rural counties by alcohol, tobacco and inhalants.

Second, there is often a need to place criminal justice approaches to drug abuse into a broader community context that emphasizes the need for effective prevention and treatment. At every level of government, spending on enforcement has come to dominate American drug control efforts: at least three-quarters of the roughly $40 billion in annual federal, state and local anti-drug spending goes into enforcement. Yet illicit drug prices are currently near their all-time lows, and police chiefs themselves believe that far more should be done in terms of prevention and treatment. A 1996 national survey conducted by Peter D. Hart Research Associates for Drug Strategies found that, by a two-to-one margin, police chiefs favor enhancing prevention and treatment efforts rather than escalating enforcement. Moreover, research has shown drug treatment to be a cost-effective crime control measure, especially when compared to "get-tough" drug enforcement approaches such as mandatory minimum sentencing. For example, the 1994 California Drug and Alcohol Treatment Assessment (CALDATA) found that every dollar invested in treatment yielded $7 in taxpayer savings, primarily due to reduced crime and criminal justice costs.

Moreover, a 1997 RAND Drug Policy Research Center study found that crime reductions comparable to those expected to result from California's "three strikes and you're out" mandatory prison sentences could be achieved at one-fifth the cost through programs aimed at inducing at-risk students to complete high school. A 1999 RAND report found that $1 invested in proven school-based prevention programs saved an average of $2.40 in health, crime and other costs.

### 4. Which policies and legislation will the profile aim to influence?

Again, which state policies and legislation will be targeted for change may not be clear at the outset. But several arenas deserve attention, some of them requiring county, state or even federal government action. Many issues important at the local level are decided at the state level. City representatives may not be able to set the state's agenda on such issues, but they can be advocates for the city's interests. For example, if state policy calls for incarcerating drug users, but state prisons offer little drug treatment to inmates, an important opportunity for rehabilitation is being missed. Offenders may return from prison to neighborhoods across the state with the same drug abuse problems that led to their arrest in the first place.

### 5. How will the profile's impact be measured?

For indicator-only profiles, the publication each year of updated indicator data can itself serve as a yardstick for measuring progress. Are the key indicators highlighted by the profile moving in the right direction? If so, it may be that the profile has contributed to the improved trend by raising local awareness about drug issues. Even where trends may be heading in the wrong direction, it may be that the profile has helped prevent a worse situation from occurring. Short of a scientific impact evaluation study, it is impossible to say exactly what role a profile has played. Since the profile's major goal is to raise awareness of the drug-related problems captured by the indicators, a careful survey of awareness and attitudes at the outset of the project can provide a baseline against which to measure changes that may occur over the years that the profile is published.

The passage of time will also be necessary in measuring the impact of comprehensive profiles that offer policy guidance. Even recommendations that can be implemented relatively quickly will require time before their actual impact can be assessed. Each year, new data can be compared to the indicator trends highlighted in the profile. Without repeating the entire profile process, progress can be monitored at regular intervals, noting where recommendations from the original profile have been enacted and where they have not. Again, a clear picture of the profile's impact will require performance of a formal impact evaluation. Of course, follow-up activities will

require new funding and an ongoing commitment either by private groups or on the part of the state government itself.

## Securing Funding

Funding under state legislative authority reflects the value of an interdisciplinary profile to the entire state. Funding could be available through the governor's office or a single state agency. Alternatively, the profile can be funded through the discretionary budget of one or more separate state agencies. Regardless of the source, public funding signals some measure of public support for the project's goals. However, if public funding comes on condition that the profile be developed by a public agency, the profile's scope may be more limited than originally envisioned. (The next section, "Designating Oversight," discusses these concerns in more depth.)

Funding may also be available from private sources, such as foundations and local associations. Some foundations make grants only for activities in specified states, and many foundations (whether large or small) often target grants to local projects. Drug Strategies' profile of Kansas, for example, was supported by a grant from the Kansas Health Foundation, an agency that concentrates on health-related issues in Kansas. *The Foundation Directory* lists hundreds of foundations with explicit interest in "substance abuse," "alcoholism," "AIDS," and "crime and law enforcement"—subjects central to any state profile. The majority of states are home to foundations interested in at least three of these relevant categories; only four states are without any local foundations that report making grants in any of these areas.

The new wave of health care "conversion" foundations may be especially apt to take an interest in state profiles because they concentrate their funding on health-related activities in specific communities. Created when nonprofit health organizations (including hospitals, health plans, and health systems) convert to for-profit status, 120 such foundations currently operate in 32 states and the District of Columbia. For the most part, they make grants in their local community or, in the case of foundations arising from larger transactions (generally health plans) in their home state. Nationwide, more than one-third of health care conversion foundations make grants in the areas of substance abuse, mental health and social services. For more information, consult Grantmakers In Health's *Coming of Age*, which surveys the operations of health care conversion foundations across the country.

In seeking funding for a state profile, also keep in mind that the project can be presented in ways that may attract foundations not already involved in drug issues, but concerned about "community development" —an important grant-making category for foundations in virtually every state. Securing funds from such sources can expand the interests of individual foundations, and broaden the funding base for drug programs in general.

Because state profiles incorporate existing data sources, they do not require expensive data sampling, coding, cleaning or analysis. Most of the funds pay for staff time to gather and analyze data for the profile report; for drafting the text; for design and printing charges; and for dissemination.

In Drug Strategies' experience, the production of profile reports requires significant investment of time and money that must be built into the initial funding application. We consider this a worthwhile investment; making the published report visually engaging increases the chances that policymakers will read it and consider its recommendations seriously. At least part of the project budgets ought to be devoted to graphic design and printing costs. However, it is certainly possible to publish a state profile for a low cost. For example, desktop publishing with in-house production using GBC binding is a low-cost alternative which may suffice in many instances.

Commissioning public opinion surveys or hiring statisticians to analyze raw data can add considerably to project costs. Such initiatives should therefore be built into the original proposal to prospective funders, with a convincing rationale about their importance for the profile's ultimate impact. The profile's overall costs can vary considerably according to the scope of the project, the expertise of project staff, and the design and dissemination of the final document.

## Designating Oversight

Drug Strategies conducts state profile projects as an independent group, overseeing the research, publishing the report and disseminating the findings. The outsider role is central to our methodology and affords great flexibility in collaborating with diverse agencies. However, some states may choose to fund and administer the project internally, through a public agency, commission or a university research entity. Each of these approaches has advantages and disadvantages, which are detailed below. The project objectives guide this choice to some degree; for example, if a profile is to offer policy recommendations, it may be less problematic for it to be conducted by an independent group than by an agency which will ultimately be affected by those recommendations.

## Oversight Options

| Oversight Body | Advantages | Disadvantages |
|---|---|---|
| Public Agency | Familiar with state policies, priorities and data, as well as institutional histories. | Bureaucratic and political realities can limit the scope of an internal review.<br><br>May lack objectivity in reviewing their own progress and initiatives.<br><br>Cannot readily review the work of other public agencies. |
| Interagency Commission | The collective knowledge of representatives from multiple state agencies. | Commissions that coordinate drug abuse initiatives may not have credibility in evaluating their own programs. |
| University Researcher | Credibility as impartial reviewers.<br><br>May already be familiar with public agencies and their data.<br><br>Experienced with complex data. | Can take longer than other independent studies.<br><br>May lack experience translating data complexities into straightforward policy recommendations. |
| Independent Group | Credibility as impartial reviewers with no political or budgetary stake in the outcome.<br><br>A fresh perspective on old problems, as well as knowledge of what is done in other states.<br><br>Can elevate the debate beyond the politics that often slow progress in public agencies. | May lack an integrated understanding of agency structures and the institutional histories which impact funding and policy priorities. |

## Choosing Advisors

One of the primary purposes of the profile is to integrate data and policies relevant to many disciplines. Thus, there is no substitute for the collective experience, wisdom and public credibility of an interdisciplinary advisory panel. This group can suggest other important contacts, provide key data sources, clarify current policy priorities, forecast which research areas may be difficult and which promising, and describe the local political terrain. They are a critical source of qualitative data, including a sense of the dynamics among state agencies, the institutional histories that shape agency priorities, and the major objectives of non-governmental advocacy and interest groups. By bringing together an interdisciplinary group of advisors, the profile process itself may spark ideas for new initiatives and collaboration. Beyond providing practical guidance, membership in advisory groups and inclusion in qualitative interviews helps engage stakeholders in the profile process and fosters their support of the report's recommendations.

A valuable resource in identifying local advisors is Join Together's National Leadership Fellows program, which annually recognizes outstanding community leaders. Since 1992, Join Together has recognized more than 225 Leadership Fellows across the country.

Challenges in selecting and using advisors include:

- recruiting panelists with expertise in many fields, including epidemiology, public health, law enforcement, criminal justice (courts, corrections, probation, parole), health and human services, youth services, community advocacy, tobacco control, workplace, education, prevention and treatment;
- ensuring that the profile addresses the concerns of minority groups;
- maintaining objectivity while incorporating the perspectives of advisors; and
- maintaining the active participation by panelists and their agencies and organizations.

Helpful strategies to keep in mind include:

- seeking panelists who are agency directors or deputies, in order to both gain access to data and maintain political support for the project;
- including public and private sector representatives, while avoiding duplicate representation of disciplines or agencies; and
- including academic researchers knowledgeable about drug issues and local trends.

## Advisory Panel Membership

In profiling states, advisory panels ideally include representatives of the following agencies or disciplines:

- Academic Researchers
- Alcohol & Other Drug Prevention & Treatment Services
- Business and Industry
- Community Coalitions or Community Development
- Corrections, Parole and Probation
- Governor's Office
- Hospital Associations
- Law Enforcement
- Liquor Commission
- Media
- Mental Health
- Minority Issues
- Public Health (Health Policy, HIV/AIDS, Vital Records and Tobacco Control)
- Schools & Universities

Early in the project, Drug Strategies typically convenes a meeting of the advisors to clarify project goals, gain input and build interagency investment in the profile through open exchange of ideas and priorities. We ask advisors to comment on unique features of the state, competing demands for resources and existing strategies. The meeting is also an opportunity to establish advisors' availability for individual consultation and willingness to discuss key data sources, challenges and programs the profile will describe. A second meeting after advisors have had an opportunity to review a draft of the report can also be helpful; however, in many cases, their comments can be incorporated without a second meeting.

## Selecting Indicators

State profiles are data-driven. Numerical indicators operationalize trends the profile will describe. The indicator data can be used to shape recommendations for cost-effective policies. When studied in the context of local policies and initiatives, indicator trends highlight which strategies have worked in the past, and what needs to happen in the future. Numbers symbolize accuracy and objectivity, and numerical measurement implies that what is being measured is important. At the same time, indicators are in high demand because the profusion of data available in our computer age does not organize itself. As Gordon Mitchell of the Quantifiable City Project in the United Kingdom has said, we face "a widening sea of data but, in comparison, a desert of information." Indicators are tools to transform a sea of unwieldy data into simplified information, relevant for policymakers and the public.

Advisors can help to select and prioritize indicators. Additional insights on each indicator arise from follow-up queries.

**Drug Strategies' data indicators comprise four broad search categories:**

- nature and extent of alcohol, tobacco and other drug use;
- impact of drugs on crime and criminal justice;
- impact of drugs on health and health policy; and
- the economic costs of alcohol, tobacco and other drug abuse.

**Challenges in selecting indicators include:**

- setting priorities—the four main categories listed above can each give rise to numerous research questions. For example, "nature and extent of alcohol, tobacco and other drug use" can include a wide range of data indicators, such as rates of use among various demographic groups; attitudes and perceptions about alcohol, tobacco and other drugs; rates of positive workplace drug tests; alcohol and tobacco excise tax rates and revenues; and street prices of illicit drugs; and
- state-level data may not be available for important indicators.

**Helpful strategies to keep in mind include:**

- basing indicators on objective criteria (for example, the number of alcohol-related highway deaths; the number of arrests for drug possession and sale);
- describing trends over time;
- choosing indicators that reflect the impact of prevention, treatment and law enforcement interventions (such as the proportion of youth who succeed in purchasing cigarettes; the ratio of number of treatment slots to number of residents in need; the average prison time served by drug offenders);
- substituting county- or city-level data where state-level data do not exist. Be sure to describe why and how trends in the city or county data may differ from those in the state data; and
- exploring why data have not been collected, as a means of understanding state priorities and challenges.

# IV. GATHERING DATA

State profiles promote the use of quantitative data to shape policy. Therefore, data resources and publications are key to any profile. However, assembling the indicator data for the profile presents multiple challenges. This chapter describes ways to simplify the search for quantitative data and strategies for responding to challenges the data present. This project phase includes scouting for quantitative data, organizing the data and responding to data scenarios.

But numbers tell only part of the story. Demographic, socioeconomic and political factors also affect program and policy initiatives. Qualitative data form a backdrop for policy recommendations grounded in quantitative indicators. The insights of those working within state agencies and programs—as well as those of independent researchers and advocates—are critical to data interpretation, and help shape realistic policy recommendations to which a state can respond. This chapter describes several types of qualitative data and provides guidance on how to weigh the information obtained in qualitative interviews.

## SCOUTING FOR QUANTITATIVE DATA

As an aide to locating indicator data this report includes a ***Data Resources Table*** (see pages 18-23), which provides telephone numbers and Internet addresses where applicable. Join Together's 1998 report, *Working the Web*, offers tips for navigating the Internet, and the organization's website at **www.jointogether.org** offers links to hundreds of other sites.

Using the *Data Resources Table* and a state agency phone directory, researchers can contact public agencies which may gather relevant indicator data. University researchers and private groups at the state and federal level can also be contacted.

Comparing and contrasting state-level data with national and regional trends is important to the profile; such comparisons put state data into context. Researchers can use the *Data Resources Table* to locate these data sources as well. Brandeis University's Institute for Health Policy has also published an excellent catalog of data collections on substance abuse indicators, *Data Collections on Key Indicators for Policy*, which can augment the search for quantitative data. In addition, the Office of National Drug Control Policy has published a comprehensive inventory of federal drug-related data sources (NCJ 174454; call 1-800-666-3332).

With dozens of possible data indicators, project advisors often set priorities regarding which indicators should be sought. The Join Together-Brandeis University Institute for Health Policy handbook on community substance abuse indicators, *How Do We Know We Are Making A Difference*, establishes useful priorities for data searches at the local level. At the state level, however, Drug Strategies has found little relationship among what indicators seem at the outset to be important priorities, their availability and their actual merit. In the end, we have used what we could find, irrespective of initial priorities.

Due to space limitations, published survey reports cannot include all of the data that were gathered. Therefore, we have found it essential to become familiar with each survey instrument's methodology in order to determine whether figures are available, even if they do not appear in published reports. If they are available, most agencies can easily produce the figures upon request. The ***Data Source Checklist*** presented on page 24 may be used to record information about each data source.

In addition to gathering data on specific indicators, we have also found it critical to understand how funds are allocated. For instance, we try to determine what portion of schools use prevention programs with proven track records, and how much money is spent per pupil. In the states we have studied, we have learned that the majority of schools rely on prevention programs that have not been shown to be effective. Such inquiries can reveal gaps between agency priorities and the programs intended to implement them.

## TOP-DOWN VS. BOTTOM-UP SEARCH STRATEGIES

| | ADVANTAGES | DISADVANTAGES |
|---|---|---|
| TOP-DOWN SEARCHES | Cooperation from agency staff, since the referral comes from superiors.<br><br>Direct access to informed researchers. | Political concerns may limit the data resources made available.<br><br>Agency heads may not understand the strengths and weaknesses of data sources. |
| BOTTOM-UP SEARCHES | Staffers can be easy to reach and eager to discuss their work.<br><br>Hidden leads to additional data sources often emerge. | Misinformed people may send researchers on a wild goose chase.<br><br>Low-level staff have high turnover, low investment in the project and lack authority. |

*TOP-DOWN AND BOTTOM-UP SEARCH STRATEGIES.* If a project advisor has recommended a particular data resource, he or she can often direct researchers to the office which gathers and maintains the data. This top-down referral process carries with it the authority of an agency superior who is already invested in the project. While this strategy saves time, it may not be sufficient: agency officials serving as project advisors may not know data sources well enough to guarantee they will meet the project's needs.

Therefore, bottom-up search strategies are almost always necessary. These contacts often begin with a "cold call" (guided by the *Data Resources Table*) to an agency which may or may not have the target data. Occasionally, a department operator can direct the inquiry to the appropriate office, but researchers may need to try this bottom-up strategy several times before finding the right office. Like top-down searches, bottom-up strategies have both advantages and disadvantages.

Whether top-down or bottom-up, the search for data rarely ends with just one or two phone calls. Instead, it is more like detective work in which the researcher builds on clues to arrive at the most useful data source. Even then, the information received may not be what was expected, or it may raise new questions which require further inquiry. As the search progresses, bearing fruit in some areas but turning up little in others, researchers must determine when to persevere and when to move on to other indicators.

When confronted with an unresponsive agency, several strategies can improve the chances of finding data or confirming that it simply does not exist, including:

- becoming familiar with the agency's legislatively mandated data collection responsibilities;
- seeking information from agencies at different levels of government and from local universities; and
- explaining to agency officials that the profile will have to report that the data, despite its clear importance, could not be provided.

### ORGANIZING DATA

Data will arrive in various states of organization. Some will appear in tables or charts in published reports; other data will be generated upon request by the agencies maintaining the data. The amount of information gathered can be overwhelming. For example, to find a five-year trend for a single indicator, it is not unusual to read five separate annual survey reports, each of which is organized differently. Having found the target data, relevant figures can be retyped into well-organized indi-

## Indicator Data Table

**Youth Drug Use**
(from the *South Carolina Profile*)

| | Use in a Lifetime (%) | | | Use in Past 30 Days (%) | | |
|---|---|---|---|---|---|---|
| | 1990 | 1993 | 1995 | 1990 | 1993 | 1995 |
| **Any Illicit Drug** | | | | | | |
| 8th grade | 12.7 | 11.3 | 28.9 | 8.1 | 7.3 | 17.2 |
| 10th grade | 22.9 | 20.2 | 40.4 | 13.5 | 12.7 | 25.5 |
| 12th grade | 28.9 | 25.3 | 41.7 | 14.3 | 14.0 | 24.4 |
| **Marijuana** | | | | | | |
| 8th grade | 9.1 | 7.2 | 16.7 | 4.9 | 4.0 | 9.7 |
| 10th grade | 19.8 | 17.4 | 32.2 | 10.3 | 10.1 | 20.3 |
| 12th grade | 26.5 | 20.6 | 36.2 | 11.8 | 12.0 | 19.8 |
| **Inhalants** | | | | | | |
| 8th grade | 4.4 | 4.7 | 14.0 | 2.8 | 3.0 | 7.8 |
| 10th grade | 4.6 | 4.9 | 13.9 | 2.2 | 2.3 | 5.6 |
| 12th grade | 4.1 | 4.1 | 10.6 | 1.5 | 1.4 | 2.3 |
| **Cigarettes** | | | | | | |
| 8th grade | 35.5 | 39.0 | 48.9 | 17.6 | 18.2 | 28.6 |
| 10th grade | 45.8 | 46.1 | 58.2 | 22.4 | 23.4 | 34.6 |
| 12th grade | 47.3 | 47.5 | 59.1 | 22.7 | 24.6 | 34.9 |
| **Smokeless Tobacco** | | | | | | |
| 8th grade | 14.5 | 13.6 | 19.7 | 5.9 | * | 7.6 |
| 10th grade | 18.9 | 18.1 | 26.2 | 8.2 | * | 10.6 |
| 12th grade | 20.4 | 20.6 | 26.9 | 9.0 | * | 10.3 |
| **Alcohol** | | | | | | |
| 8th grade | 45.9 | 47.2 | 40.0 | 26.3 | 25.1 | 28.7 |
| 10th grade | 64.1 | 63.4 | 59.2 | 39.3 | 37.0 | 46.1 |
| 12th grade | 73.3 | 71.4 | 67.8 | 46.4 | 42.7 | 51.7 |

* *not available*
*Source:* *"South Carolina Prevention Public School Survey, Grades 8, 10, 12."*
*South Carolina Department of Alcohol and Other Drug Abuse Services.*

cator tables, with the source documents noted. The data may be assembled in a spreadsheet or word processor. An example of such a table using drug use prevalence data from the *South Carolina Profile* is shown above.

**Advantages of creating indicator tables include:**

- having painstakingly assembled the data, it can be more easily accessed and reviewed in the future;
- figures from multiple data sources can be compared and contrasted side-by-side; and
- figures can be easily converted to graphic charts and data tables for the final publication.

### Responding to Data Scenarios

Once data have been gathered, the next step is to decide how much weight to give each piece of data and how to use it in the profile report. Drug Strategies' profile research in seven states resulted in numerous data scenarios to which we responded in diverse ways.

*Too Much Data.* Some data sources are rich with information, providing every imaginable permutation of trends and demographic comparisons. In addition, the state may gather data for indicators that are not on the target list, but are valuable nevertheless. With limited time and space, researchers will need to determine which

figures are the most instructive about critical trends and have the greatest implications for policy and funding choices.

To narrow the options, look for figures that: represent a departure from state or national trends; show dramatic changes over time; speak to geographic or demographic differences across the state; or are the most surprising or unexpected.

*INCOMPLETE OR INADEQUATE DATA.* Some data will not describe the target indicators adequately. This can arise when research methods are not consistent over time; when survey samples are not representative of the entire state; when trend data are not available; or when older data have not been preserved. Drug Strategies has found these to be common data problems, in part because researchers in state agencies can have a high turnover rate, and sometimes their research training is rudimentary. Navigating these problems requires some expertise in research methods, as well as a firm grasp of the larger goal of gathering indicator data: to describe the nature and scope of the problem.

Learning that data are inadequate is an important finding in its own right. Where local data on important indicators are missing or are of questionable quality, the profile should take the opportunity to recommend shoring up the state's data gathering capacity. Pointing out weaknesses in the data is really a service to the agency, which has spent valuable funds to obtain these figures. For instance, three different Arizona state agencies conduct student drug use surveys in the public schools; however, few schools participate in all three. The duplication of effort wastes public dollars. In the *Arizona Profile*, Drug Strategies noted that if the three state agencies combined their resources, they could gather a more representative sample of students statewide than any of them were achieving through individual efforts.

**Helpful strategies:**

- Try to use data from the most recent survey whenever possible; use trend data only when the methodology is consistent over time.
- In the absence of reliable trend data, national or regional figures with comparable methods can put the data into context.
- If the survey is not representative of the entire state, it helps to describe the sample carefully, pointing out who it describes and who it may have missed.
- If data on a target indicator are unavailable, but figures for a closely related indicator are, a substitution may be warranted.
- Take opportunities to offer recommendations on how the data may be gathered more effectively.
- Acknowledge that data gathered at the state level may have limited value in tracking trends at the city or county level, and in developing local responses.

*CONFLICTING DATA.* If multiple data sources are available for a single indicator, the figures may confirm one another, but they often differ, leaving researchers with conflicting information. Scrutinizing the methods of the different data sources can reveal the origin of these differences. For example, face-to-face surveys and telephone surveys typically produce different drug use rates, even if the same questions are asked. Similarly, different sampling methods may account for inconsistent results across surveys.

It rarely makes sense to present two sets of data on one indicator; doing so simply passes the judgement of which data to use onto the reader. We have found it better to focus on the figures which most closely resemble the target indicator and furthers the project goals.

*ESTIMATING FIGURES.* If figures are not available at the state level, the profile can offer an estimate based on national or regional data. For example, the U.S. General Accounting Office has estimated that 78 percent of foster care cases nationwide involve alcohol or other drug abuse by a parent or guardian. State-level figures on this indicator are rarely available, but they can be estimated using the following formulas:

# drug related cases = (# foster care cases in the state) x (.78)

cost of drug related cases = (# drug related cases) x (annual cost per case in the state)

Using such formulas (see page 25), it is possible to estimate figures for a number of indicators and associated costs that may not be available at the state level. Knowledge of state figures will still be necessary. For instance, in the example above, estimating the number of drug-related foster care cases requires knowing the number of overall foster care cases.

## Looking Behind the Numbers

Most of the quantitative data used in the profile will have been gathered for internal state purposes. Although these data may be used in forming state policy, reports on the research are rarely subject to a peer review process or other independent scientific scrutiny. Therefore, it is essential that profile researchers assess the reliability and validity of data, rather than taking it at face value. Knowing the history of the survey instrument, why the project was undertaken, and how it was funded will shed light on these questions.

Qualitative interviews are filters for deciphering data trends and provide insights into unique challenges states face in combating substance abuse. Such interviews also provide opportunities to learn about the state's creativity, initiative and organization. Taken together, qualitative and quantitative data can shape realistic recommendations for future action. In addition to their practical value in deciphering data, qualitative interviews also contribute to the process of engaging state agencies in the profile research. Their involvement in the process helps the profile concept to take root in the state and may influence timely changes in current data collection systems, policies and collaborative efforts related to alcohol, tobacco and other drugs.

## Weighing the Value of Data

| | Advantages | Disadvantages |
|---|---|---|
| **Quantitative Data** | Establish trends in the nature and extent of drug problems.<br><br>Provide a baseline against which to measure future progress.<br><br>Help to build recommendations based on objective data rather than ideology. | Impacted by multiple factors.<br><br>Vary in value as measures of policy impact. |
| **Qualitative Data** | Put quantitative data into context.<br><br>Provide insights about agency history, challenges and dynamics.<br><br>Help make recommendations realistic.<br><br>Builds support for the profile. | Need to be backed up by quantitative data.<br><br>May be influenced by the perspective of the data source. |

Qualitative interviews provide opportunities to consider the range of factors that influence indicator trends—especially those which impact trends inadvertently—and a range of interpretations for data trends. For example, from 1989 to 1994, Massachusetts experienced a dramatic decline in drunk driving arrests. At first glance, the trend seemed to reflect positively on designated driver initiatives, penalties for driving drunk, and other community efforts to curb irresponsible drinking. However, a qualitative interview revealed that during the same period, law enforcement agencies diverted resources previously devoted to catching drunk drivers to other priorities, such as stopping violent street crime. The insight cast the trend data in a new light. While not always possible to quantify, such details are invaluable in interpreting data and crafting a credible report that will be embraced by state agencies, legislators and the public. Qualitative data can take many forms, offering insights about how data have been gathered, how agencies make decisions, and how political tensions shape policy.

*Methodology and Data Interpretation.* Each indicator source offers opportunities to obtain qualitative information, including how decisions were made to gather the data, what populations were sampled, how survey instruments have changed over time, and how the data have been used. A researcher who is familiar with the data source is often the best interpreter; however, those outside the agency who have tried to use the data can also provide insights about its practical value. Researchers close to the data may have a unique perspective on how the data are being used by state agencies and programs, and how the data have influenced policy developments. For example, in Indiana, a statewide prevention needs assessment was used to develop a new structure for funding prevention programs aimed at preteen youth.

*State Politics and Tensions.* Qualitative interviews can help identify the major currents in state politics that have bearing on drug abuse issues. The power structures that drive state governments typically reside in state capitals and metropolitan centers. Geographically remote or less populated areas may not play as prominent a role in data collection efforts, and the trends in those communities may be left out of the policy equation. Similarly, ethnic minorities and other constituencies may not have a voice in shaping state initiatives. These circumstances can create significant tensions between local programs and state agency officials. For example, in Arizona, 85 percent of the state population lives in metropolitan areas (60 percent in Phoenix). However, those living in the state's rural and border regions are a culturally diverse population. Prevention and treatment providers in remote counties of Arizona consistently reported that state agencies were unresponsive to the local needs of outlying communities. This was also found to be the case in California and Massachusetts. When local programs attempt to implement statewide mandates, these tensions often become apparent. For example, many prevention specialists in small towns in Indiana experienced significant difficulty implementing a new statewide prevention structure; those small-town prevention providers felt that while the new structure looked good on paper, it imposed too many constraints on their limited resources. These examples illustrate the need for researchers not only to develop insights into regional dynamics and attitudes toward state initiatives, but also to seek out data which provide a comprehensive view of all relevant communities.

*Institutional Histories and Relationships.* The barriers to progress in a state are often hidden in a state agency's power structure and its relationship to other agencies. An agency's history contributes to its operations in ways that outsiders cannot observe easily; indeed, the influences of the past may not even be apparent to those within the agency. The dynamics between panel members can also reveal interagency relationships, differing priorities, and areas for potential growth. For example, in South Carolina two different state agencies have management responsibilities over different aspects of alcohol and other drug treatment, and compete for public treatment funds and administrative control. As a result, collaboration between the two has often been constrained. Intangible but essential factors in the effectiveness of a state agency include that agency's public image and the morale within its ranks. Negative media events or problems in the agency's history can undermine its ability to shape and implement policy. Conversely, achievements and positive media coverage can empower an agency.

If researchers gain an understanding of these institutional histories, their recommendations will be more realistic.

*THE ROLE OF DATA IN POLICYMAKING.* Are state policymakers attentive to the data already being gathered by state agencies? Since a major objective of state profiles is to promote research-based, data-driven policies, it is important to gauge to what degree such an ethos already exists in the state, and in which policy arenas it may already be in practice.

Where quantitative data with potentially important application in shaping policy and measuring outcomes are not being gathered at all, qualitative interviews may shed light on the reasons. In some cases, gathering the data may be politically sensitive. For example, the proper evaluation of school-based drug prevention efforts requires baseline information on a wide range of indicators, including rates of drug use. School administrators may worry, however, that making public such measures may harm the school's reputation. An indicator may point to a long-standing history of problems that have gone unaddressed. Qualitative interviews can also clarify why a state has failed to embark on sorely needed policy or program initiatives. For instance, in California, a statewide tobacco control program was not funded on schedule because multiple agencies and public programs began competing for funds that initially were earmarked for that program.

*WEIGHING QUALITATIVE DATA.* Advisors and others familiar with state agencies offer a perspective on internal operations essential to interpreting data and understanding challenges the state has faced. By remaining open to all possibilities, researchers can explore various interpretations of trends and events. However, some caution is also warranted.

An agency contact's comments typically are motivated by a sincere interest in promoting effective policies and programs. However, people providing qualitative data often have a history with a particular program or a stake in future decisions that can motivate them to emphasize certain details while leaving out others. In order to use the information, it is important to understand the person's vantage point. Weighing these reports requires sensitivity as well as awareness of alternative interpretations offered by other knowledgeable observers. The researcher's task is to give a fair hearing to diverse viewpoints that can illuminate the subject. At times, two knowledgeable observers may offer conflicting information, but the different perspectives may ultimately provide a more complete picture.

# DATA RESOURCES TABLE

*Resources for finding data are listed below. For each indicator category, resources from Federal Agencies, State Agencies & Departments, Partnerships & Private Groups and Other Agencies are presented. These tables do not provide an exhaustive list of the sources or agencies. Rather, they offer guidance in locating key resources and essential data. Potential data sources are listed by agency for each indicator category. Titles of specific publications and surveys appear in italics. Phone numbers and websites for specific agencies are provided where available. Some agencies may have documents more current than those listed.*

## ALCOHOL, TOBACCO AND OTHER DRUGS: USE AND ATTITUDES

| AGENCY | RESOURCE | PHONE |
|---|---|---|
| **Federal Agencies** | | |
| Bureau of the Census<br>www.census.gov | State Government Excise Tax Revenues<br>State Government Finances<br>Population Statistics | 301-457-1486<br><br>301-457-2422 |
| Centers for Disease Control and Prevention (CDC)<br>www.cdc.gov | *Behavior Risk Factor Surveillance System (BRFSS)*<br>*Youth Risk Behavior Surveillance System (YRBSS)*<br>State Tobacco Excise Tax Rates | 770-488-5292<br>770-488-5372 |
| National Cancer Institute (NCI)<br>www-seer.ims.nci.nih.gov | *Current Population Survey, Tobacco Use*<br>*National Health Interview Surveys* | 301-496-8510<br>301-436-7087 |
| National Institute on Alcohol Abuse and Alcoholism (NIAAA)<br>www.niaaa.nih.gov. | *Apparent per Capita Alcohol Consumption: National, State and Regional Trends 19[illegible]-1995*<br>*County Alcohol Problem Indicators, 1986-1990*<br>*National Alcohol Survey* | 301-443-3860 |
| National Institute on Drug Abuse (NIDA)<br>www.nida.nih.gov | *Monitoring the Future Study* | 301-468-2600<br>301-443-1124 |
| Office of National Drug Control Policy (ONDCP)<br>www.whitehousedrugpolicy.gov | *Pulse Check* | 202-395-6751 |
| Office of Safe and Drug-Free Schools<br>www.ed.gov/offices/OESE/SDFS | List of Grant Recipients | 202-260-2643 |
| Substance Abuse and Mental Health Services Administration (SAMHSA)<br>www.samhsa.gov | List of CSAP Grantees<br>*National Household Survey on Drug Abuse* | 301-443-9361<br>1-800-729-6686 |
| **State Agencies & Departments** | | |
| Alcohol and Other Drugs | Adult Surveys<br>Statewide/Citywide Prevention Strategy<br>Substance Abuse Block Grant Recipients<br>Youth Surveys | |
| Education | Drug-Free Schools Office<br>Drug Prevention Programs Used in Schools<br>Drug Prevention Spending (per pupil)<br>Public School Surveys | |
| Health | Health/Risk Behavior Surveys<br>Tobacco Use Surveys | |
| Law Enforcement | Directory of Community Policing Activities/Partnerships<br>Directory of School Prevention Activities<br>Drug Seizure Records | |
| Prevention Resource Center | Inventory of State Prevention Activities | |

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| AGENCY | RESOURCE | PHONE |
|---|---|---|
| Public Safety | Vehicle-Related Statistics | |
| Revenue or Economic Security | Excise Tax Rates and Revenues | |
| **Partnerships & Private Groups** | | |
| American Lung Association<br>www.lungusa.org | *State Legislated Actions on Tobacco Issues*<br>Taxes and Revenues on Cigarettes and Tobacco Products | 202-785-3355 |
| Bureau of National Affairs, Inc.<br>www.bna.com | Employers with Smoking Cessation Programs | 202-452-4200 |
| National Center for Tobacco-Free Kids<br>www.tobaccofreekids.org | *State Legislated Actions on Tobacco Issues*<br>Taxes and Revenues on Cigarettes and Tobacco Products | 202-296-5469 |
| Center on Addiction and Substance Abuse at Columbia University (CASA)<br>www.casacolumbia.org | Teen and Adult Attitude Surveys | 212-841-5200 |
| Center for Science in the Public Interest<br>www.cspinet.org | *State Alcohol Taxes & Health: A Citizens Action Guide* | 202-332-9110 |
| Community Anti-Drug Coalitions of America (CADCA)<br>www.cadca.org | Membership Directory | 703-706-0650 |
| Distilled Spirits Council of the United States<br>www.discus.health.org | State and Federal Laws/Regulations on Distilled Spirits<br>Excise Tax Revenues from Alcoholic Beverages<br>Laws and Regulations on Distilled Spirits<br>Revenues from Alcoholic Beverages | 202-628-3544 |
| Institute for a Drug-Free Workplace<br>www.drugfreeworkplace.ort | *Guide to State and Federal Drug Testing Laws* | 202-842-7400 |
| Join Together<br>www.jointogether.org | *Promising Strategies: Results of the Fourth National Survey on Community Efforts to Reduce Substance Abuse and Gun Violence* | 617-437-1500 |
| National Association of State Alcohol and Drug Abuse Directors (NASADAD)<br>www.nasadad.org | State Funding for National and State AOD Services | 202-293-0090 |
| Parents Research Institute for Drug Education (PRIDE) | Annual Teen Survey | 404-544-4500 |
| Partnership for a Drug-Free America | Teen and Adult Attitude Surveys | 212-922-1560 |
| **Other Agencies** | | |
| Community Coalitions | Adult and Teen Surveys | |
| Universities | Dissertation Abstracts<br>Epidemiological & Longitudinal Risk Group Studies<br>Prevention Needs Assessment | |
| Epidemiological Workgroups | Annual, Semi-Annual and Quarterly Reports | |

## CRIMINAL JUSTICE

| AGENCY | RESOURCE | PHONE |
|---|---|---|
| **Federal Agencies** | | |
| Bureau of Justice Statistics (BJS)<br>www.ojp.usdoj.gov/bjs | *National Judicial Reporting Program*<br>*Sourcebook of Criminal Justice Statistics*<br>*Substance Abuse and Treatment, State and Federal Prisoners, 1997*<br>*Survey of Inmates of Federal Correctional Facilities*<br>*Survey of Inmates of State Correctional Facilities* | 202-307-0765<br>1-800-732-3277 |
| Drug Enforcement Administration (DEA)<br>www.usdoj.gov/dea | Drug Seizure Records | 202-307-4665 |
| Federal Bureau of Investigation (FBI)<br>www.fbi.gov | *Uniform Crime Reports* | 304-625-4924 |
| Federal Bureau of Prisons (BOP)<br>www.bop.gov | *State Correctional Populations* | 202-307-6100 |
| Immigration and Naturalization Service (INS) | Drug Seizure Records | |
| National Highway Traffic Safety Administration (NHTSA)<br>www.nhtsa.dot.gov | Drug Seizure Records | 202-366-1503 |
| National Institute on Drug Abuse (NIDA)<br>www.nida.nih.gov | Research on Criminal Populations | 301-443-6245 |
| National Institute of Justice (NIJ)<br>www.ojp.usdoj.gov/nij | Arrestee Drug Abuse Monitoring (ADAM) Program | 1-800-851-3420 |
| Drug Court Clearinghouse and Technical Assistance Project<br>www.american.edu/justice | Drug Court Outcomes/Program Summaries | 202-885-2875 |
| **State Agencies & Departments** | | |
| Alcohol and Other Drugs | Synar Compliance/Rate of Tobacco Sales to Minors | |
| Corrections | Number, Size and Type of Prison Treatment Programs<br>Statistics on Inmates' Drug Use Histories<br>Studies on Recidivism<br>Treatment Impact Evaluations | |
| Drug Courts | Drug Court Program Outcomes | |
| Drug Enforcement Administration | Drug Seizure Records | |
| Highway Patrol | Drug Seizure Records | |
| Local Law Enforcement | Drug Seizure Records<br>Statewide Arrest Figures by Offense Category | |
| Motor Vehicles | DUI Drivers License Suspensions and Revocations | |
| Probation | Treatment Slots Reserved for Probationers | |
| Uniform Crime Reporting Center | State Crime Data | |

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| AGENCY | RESOURCE | PHONE |
|---|---|---|
| **State Agencies & Departments** *(continued)* | | |
| Pretrial Service Division | Drug Testing Data | |
| | Intake Screening Records | |
| | Recidivism Records | |
| **Other Agencies** | | |
| Universities | Correctional Populations Studies | |
| | Prospective and Retrospective Studies of Arrestees | |
| Epidemiological Workgroups | Annual, Semi-Annual or Quarterly Reports | |
| **HEALTH AND HEALTH POLICY** | | |
| **Federal Agencies** | | |
| Centers for Disease Control and Prevention (CDC) www.cdc.gov | Behavior Risk Factor Surveillance System (BRFSS) | 770-488-5292 |
| | CDC Wonder Mortality Figures (on the Internet) | |
| | *HIV/AIDS Surveillance System* | 1-800-458-5231 |
| | *Reported Tuberculosis Cases in the United States* | 404-639-8120 |
| | *Sexually Transmitted Disease Surveillance* | 404-639-8363 |
| | Youth Behavior Risk Surveillance System (YRBSS) | 770-488-5292 |
| | Mortality Data | 301-436-8500 |
| | Multiple Cause-of-Death Data | 301-436-8500 |
| National Institute on Drug Abuse (NIDA) www.nida.nih.gov | *Drug Abuse Treatment System Survey* | 301-443-1124 |
| National Highway Traffic Safety Administration (NHTSA) www.nhtsa.dot.gov | Fatal Accident Reporting System (FARS) | 202-366-1503 |
| Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov | *Client Data Set* | 301-443-6480 |
| | *Drug Abuse Warning Network (DAWN)* | 301-443-4404 |
| | Drug Services Research Survey of Facilities | 301-443-6480 |
| | List of CSAT Grant Recipients | 307-443-9361 |
| | *Uniform Facility Data Set (UFDS)* | 301-443-6239 |
| | *National Household Survey on Drug Abuse* | 301-443-6239 |
| **State Agencies & Departments** | | |
| Alcohol and Other Drugs | Inventory of State Resources | |
| | Overview of Services | |
| | Publicly Funded Treatment Slots | |
| | Treatment Needs Assessment | |
| | Waiting Lists for Publicly Funded Treatment | |
| Health | HIV/AIDS Data by Exposure Category | |
| | Maternal Health Records/Newborn Health Records | |
| | Tuberculosis Case Reports | |
| Mental Health/Behavioral Health | Publicly Funded Treatment Slots | |
| Social Services | Annual Report | |
| | Child Maltreatment Statistics | |
| | Foster Care Caseload Statistics | |
| Transportation or Highway Patrol | Blood Alcohol Levels of Fatally-Injured Drivers | |
| | Other Fatality and Injury Records | |

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# DATA RESOURCES TABLE (CONTINUED)

## HEALTH AND HEALTH SERVICES (CONTINUED)

| AGENCY | RESOURCE | PHONE |
|---|---|---|
| **Partnerships & Private Groups** | | |
| Child Welfare League<br>www.cwla.org | *Child Abuse and Neglect: A Look at the States* | 1-800-407-6273 |
| Hospital Associations | Emergency Room Records | |
| Mothers Against Drunk Driving (MADD)<br>www.madd.org | *Rating the States* | 214-744-6233 |
| National Association of State Alcohol & Drug Abuse Directors (NASADAD)<br>www.nasadad.org | *State Resources and Services Related to Alcohol and Other Drug Problems: Annual State Profile Data*<br>*Treatment Waiting List Survey* | 202-293-0090 |
| **Other Agencies** | | |
| Universities | Local and State HIV/AIDS Epidemiological Studies<br>Needle Exchange Studies<br>Other HIV/AIDS Prevention/Intervention Studies<br>Public Health Studies<br>Treatment Needs Assessment | |

## COSTS

| | | |
|---|---|---|
| **Federal Agencies** | | |
| Agency for Health Care Policy & Research<br>www.ahcpr.gov | *Forecasting the Medical Costs of the HIV Epidemic, 1991-1994* | 301-594-1357 |
| Bureau of Labor Statistics<br>www.bls.gov | *Consumer Expenditure Survey—Per Family Expenditures* | 202-606-6900 |
| Bureau of Prisons<br>www.bop.gov | Annual Cost per Inmate | 202-307-3198 |
| Centers for Disease Control and Prevention (CDC) | Smoking-Attributable Mortality, Morbidity, Economic Prevention Cost Software (SAMMEC II) | |
| National Highway Traffic Safety Administration (NHTSA)<br>www.nhtsa.dot.gov | *The Economic Costs of Motor Vehicle Crashes* | 202-366-1503 |
| National Institute on Alcohol Abuse and Alcoholism (NIAAA) and<br>National Institute on Drug Abuse (NIDA)<br>www.niaaa.nih.gov<br>www.nida.nih.gov | *The Economic Costs of Drug and Alcohol Abuse in the United States, 1992* | 301-443-3860<br>301-468-2600 |
| Social Security Administration<br>www.ssa.gov | SSI and SSDI Payments to Alcohol and Drug Addicted Recipients | 1-800-772-1213 |

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| AGENCY | RESOURCE | PHONE |
|---|---|---|
| **State Agencies & Departments** | | |
| Alcohol and Other Drugs | Inventory of State Resources<br>Overview of Services<br>State Resources or Program Inventory | |
| Budget Office | Agency Budgets | |
| Corrections | Annual Cost per Inmate<br>Cost of New Prison Construction (per bed)<br>Parole Costs (per case) | |
| Drug Courts | Drug Court Costs vs. Costs for Incarceration or Probation<br>Impact Evaluations | |
| Probation Board | Probation Costs (per case) | |
| Social Services | Foster Care and Welfare Expenditures Related to Substance Abuse | |
| **Partnerships & Private Groups** | | |
| Center for Science in the Public Interest<br>www.cspinet.org | *Double Dip: The Simultaneous Decline of Alcohol Advertising and Alcohol Problems in the United States* | 202-332-9110 |
| Child Welfare League<br>www.cwla.org | *Child Abuse and Neglect: A Look at the States* | 1-800-407-6273 |
| Distilled Spirits Council of the United States<br>www.discus.health.org | Advertising Expenditures for the Distilled Spirits Industry | 202-628-3544 |
| National Association of State Alcohol & Drug Abuse Directors (NASADAD)<br>www.nasadad.org | *State Resources and Services Related to Alcohol and Other Drug Problems: Annual State Survey* | 202-293-0090 |
| **Other Agencies** | | |
| Drug Court Clearinghouse and Technical Assistance Project<br>www.american.edu/justice | Estimated Savings from Drug Court Programs | 202-885-2875 |

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# DATA SOURCE CHECKLIST

NAME OF SURVEY/RESOURCE: _____

CONTACT INFORMATION:

Name _____

Title _____

Agency/Department _____

Address _____

Phone Number _____

Fax Number _____

E-mail Address/Website: _____

SCOPE OF DATA (*check all that apply*):

- ❑ County
- ❑ City/Town
- ❑ Multi-County
- ❑ Statewide
- ❑ Regional
- ❑ National
- ❑ Other (describe)

TYPE OF DATA (*i.e., self-report, random survey, site survey, etc.*): _____

SAMPLE POPULATION

**Age** (*give range*): _____ **Ethnicity** (*% from each group*):

- ❑ Hispanic
- ❑ African American
- ❑ White
- ❑ Asian
- ❑ Native American
- ❑ Other

**Gender:** ❑ Male Only ❑ Female Only ❑ Both

**Type of Community** (*check all that apply*): ❑ Urban ❑ Suburban ❑ Rural

**Describe Other Selection Criteria** (*e.g. correctional inmates; public school children; households with telephones; publicly-funded programs*): _____

_____

FUNDING SOURCE: _____

TREND DATA: _____ **Specific Years Gathered:** _____

Describe changes in sampling, questions or other methods over time: _____

_____

_____

_____

_____

*Some important figures are not available at the state level, particularly cost data. As a result, we developed formulas for estimating some cost items. The formulas are based on national data and state census information, and do not provide exact measurements for any state.*

### NUMBER AND COST OF SMOKERS IN THE STATE[1]

# adult smokers = (adult smoking rate) x (number of adults in population)
annual cost of smokers in the state = (# adult smokers) x ($2,000)[2]

### SCOPE AND COST OF *IN-UTERO* ALCOHOL AND OTHER DRUG EXPOSURE

# newborns exposed = (% newborns exposed) x (annual births in the state)
maximum cost for first year of life = (# newborns exposed) x ($50,000)[3]

### HEALTH COST OF HIV/AIDS CASES RELATED TO INJECTION DRUG USE (IDU)

1 year costs of current HIV cases = [(# cumulative IDU cases) - (# IDU deaths)] x ($5,150)[4]
1 year costs of new cases = (# new IDU cases in most recent year) x ($5,150)
lifetime costs for new cases = (# new AIDS cases in most recent year) x ($102,000)[4]
cumulative lifetime costs = (# cumulative AIDS cases) x ($102,000)

### WELFARE/TANF[5] COSTS FOR ALCOHOL AND OTHER DRUG (AOD) ABUSERS

annual cost per case = (monthly TANF expenditure per client) x 12 months
TANF cost of AOD abusers = (annual cost per case) x (# of TANF AOD abusers)[6]

### COST OF DRUNK DRIVING DEATHS (DDD)

cost of DDD = (# persons killed in alcohol-related accidents) x (cost per fatal accident)[7]

### NUMBER AND COST OF FOSTER CARE CASES RELATED TO ALCOHOL AND OTHER DRUG ABUSE

# AOD related cases = (# children in foster care in the state) x (.78)[8]
cost of AOD related cases = (# AOD related cases) x (annual cost per case in the state)
cost per child = (total foster care expenditures per year)+(# AOD related cases)

### COST OF INCARCERATING DRUG-INVOLVED OFFENDERS

# drug offending inmates = (% inmates that are drug offenders) x (total # inmates)
cost of drug offenders = (annual incarceration cost per inmate) x (# drug offending inmates)
# AOD abusing inmates = (% inmates that are AOD abusers)[9] x (total # inmates)
cost of AOD abusers = (annual incarceration cost per inmate) x (# AOD abusing inmates)

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1 State-by-state medical costs attributable to smoking ($72.7 billion nationwide in 1993 dollars) are presented by Leonard S. Miller et al., "State Estimates of Total Medical Expenditures Attributable to Cigarette Smoking, 1993." *Public Health Reports*, 1998, 113: 447-458.

2 Dorothy P. Rice & Wendy Max. *The Cost of Smoking in California*. San Francisco, CA: University of California, Institute for Health and Aging, 1994.

3 *1991 South Carolina Prevalence Study of Drug Use Among Women Giving Birth*. State Council on Maternal, Infant and Child Health, 1991.

4 The Agency for Health Care Policy and Research estimates that average health care costs for an HIV case for one year come to $5,150 (not including the cost of protease inhibitors) and that a single AIDS case has lifetime health care cost averaging $102,000 (up 21 percent since estimates in 1994, which were $85,000 over a lifetime). Fred J. Hellinger, "Forecasting the Medical Care Costs of the HIV Epidemic: 1991-1994." Rockville, MD: U.S. Department of Health and Human Services, Agency for Health Care Policy and Research, 1995.

5 Temporary Assistance for Needy Families (TANF).

6 If number of TANF recipients who are AOD abusers is not known, use estimate of 25 percent of statewide cases. *Implementing Welfare Reform: Solutions to the Substance Abuse Problem*. Washington, DC: Drug Strategies, 1997.

7 One drunk driving death costs $2,854,000. *The Economic Cost of Motor Vehicle Crashes*. National Highway Traffic Safety Administration, 1996. States may calculate their own costs for fatalities, injuries and property damage; these are preferable if available.

8 Alcohol or other drug abuse is a factor for parents/guardians in 78 percent of foster care cases nationally. *Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children*. U.S. General Accounting Office, 1994.

9 If states do not measure the percentage of inmates with alcohol or other drug abuse problems, 66 percent is a conservative estimate, based on data from the Arrestee Drug Abuse Monitoring (ADAM) Program, which tests arrestees for illicit drug use; ADAM data do not include alcohol use.

# V. Investigating Promising Programs

Drug Strategies' state profiles always include descriptions of promising local and statewide programs, emphasizing positive developments in prevention, treatment, criminal justice and the workplace. Particularly when indicator trends are discouraging, highlighting innovative programs creates a balanced perspective on what can be accomplished when financial resources are invested in programs that work. Describing promising programs puts a human face on local interventions that appeals to the media—an important factor when publishing a report. By highlighting real-life stories, the programs can connect with readers in a way that numerical data cannot. When the programs described are also innovative, their inclusion can inspire expansion into new areas as well as increased funding.

This chapter describes strategies for finding, screening and selecting programs. While the programs described are not an exhaustive list, they represent diverse funding strategies, collaborations and designs implemented in a state. Wherever possible, the profile highlights programs based on research that have demonstrated effectiveness in reducing alcohol, tobacco and other drug use and related problems.

## Finding Programs

State advisors are an excellent source of referrals for promising programs. Drug Strategies typically asks advisors to recommend programs and provide contact information. The ***Program Nomination Form*** that appears on page 29 can be used to obtain program information from advisors. Other program sources include lists of award recipients, professional journal articles based on state or local initiatives, and media coverage of innovative programs. Researchers can also inquire about innovative programs during phone interviews with program officials, community representatives and agency staff.

## Screening and Selecting Programs

To learn as much as possible about programs in the state, we find it helpful to conduct telephone interviews with program directors. We prepare for interviews by reading a programs' materials (i.e., brochures, reports). Before placing a call, drafting a summary of the program based upon these materials can point to gaps and generate questions for the interview. When conducting the first interview, it is helpful to let the program representative know that the investigation into programs is still in the exploratory stage and that inclusion of the program is not guaranteed. Drug Strategies uses the ***Promising Program Data Form*** presented on page 30 to guide the interview process. If program representatives are slow to return calls or seem reluctant to participate, it can be useful to point out that the recognition given programs appearing in the profile may help in raising new funds. The final collection of promising programs ideally includes innovative programs with diverse goals, structures and geographic representation, which have data demonstrating their effectiveness.

*Program Diversity.* The profile can capture the diversity of state programs along four separate dimensions: discipline, funding, geography and population served. First, a comprehensive profile offers the opportunity to describe promising efforts in a wide range of disciplines, including prevention, treatment, criminal justice and the workplace. Second, the profile can present a mixture of programs funded by public and private agencies. In states where one or two agencies have borne most of the funding responsibility, it can be a challenge to find quality programs with varied funding mechanisms. However, highlighting such programs can encourage continued interest by diverse organizations and help maintain community-wide interest in funding programs. Third, programs operating in different parts of the state can accentuate that drug abuse problems and local responses are not confined to just one or two regions of the state. Finally, the profile can showcase programs serving the needs of specific groups of people, ranging from broad categories, like youth, women or Latinos, to more narrow subpopulations, such as pregnant women, Latino youth, prostitutes or homeless persons. Emphasizing regional and ethnic diversity can round out coverage of rural or minority issues which may not be described adequately by data indicators; it also helps maintain support for the profile from diverse communities. If several programs are similar, placing a priority on geographic breadth is one way to narrow the choices. For example, in California, we learned about numerous programs in San Francisco and the surrounding region. While we included some of these programs in our report, we also highlighted programs from Los Angeles, San Diego and Pasadena as well as smaller communities throughout the state.

## Screening and Selecting Promising Programs

| Challenges | Strategies |
|---|---|
| Finding Programs | Obtain suggestions from advisory panel members and other key contacts.<br><br>Look for Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) award recipients, professional journal articles based on state initiatives, and media coverage of innovative programs. |
| Diversity | Choose prevention, treatment, workplace and criminal justice programs which address key problem areas revealed in trend data. |
| Innovation | Seek programs that have evolved through innovative partnerships, interdisciplinary collaborations, or unique funding mechanisms. |
| Evaluation Data | Put a premium on programs that have outcome measures or can show cost savings. Programs with implementation data may also be valuable. |

*Innovation.* Drug Strategies has found it essential to seek programs that have unique designs and goals, or have evolved through innovative partnerships, interdisciplinary collaborations, or unusual funding mechanisms. Highlighting these kinds of programs can help generate new ideas about how to use limited funds and build collaboration. Trying proven strategies with new populations is an example of such innovation. For example, in Topeka, Kansas, the Shawnee Regional Prevention Center uses a nationally recognized school prevention program to teach drug prevention and family conflict management to inmates at the Topeka Correctional Facility.

*Program Effectiveness.* Increasingly, funders are requiring evaluations of program effectiveness. Evaluation results are crucial to deciding whether a particular program or approach should be replicated elsewhere. Nevertheless, many programs do not have such data. By scrutinizing program effectiveness, the screening process can rule out well-meaning programs that do not meet even basic scientific standards. Examples of evaluation outcomes include reduced drug use, teen pregnancy and criminal recidivism; cost savings; increased employment or graduation rates; and changes in target outcomes over time. For example, participants in the Casa ALMA treatment program designed for Hispanic men in Cleveland, Ohio had data demonstrating that it reduced alcohol and other drug use and criminal recidivism. Programs which have ongoing or pending evaluations are also good choices, even if data are not yet available, since the research activity demonstrates a commitment to studying program effectiveness. Implementation data can also be useful, including number of participants, communities or businesses involved, or the growth of the program over time.

## WRITING PROGRAM DESCRIPTIONS

Drug Strategies' program summaries include the history, goals and accomplishments of a program, and its impact on alcohol, tobacco and other drug problems. The text emphasizes the unique aspects of the program, its cost-effectiveness and other measures of success. Since these are examples of approaches that work, we also provide contact information for readers should they wish to learn more about the program. A sample program summary is provided.

## SAMPLE PROMISING PROGRAM SUMMARY

**Nogales. Crossing Borders for Prevention.** In August 1996, U.S. Customs at the Nogales port of entry found 155 pounds of marijuana hidden in a Mexican school bus on a field trip to Tucson. To reduce drug use and trafficking in Arizona, prevention programs must also cross international borders.

The VECINOS (Neighbors) Coalition is the only borderwide U.S. coalition working binationally with counterparts in Mexico. Managed by the Arizona-Mexico Border Health Foundation, VECINOS is a coalition of community partnerships, including Santa Cruz County (JUNTOS UNIDOS), Yuma County (Puentes de Amistad) and Cochise County (Compañeros). Supported by CSAP, VECINOS promotes collaborative prevention activities with officials and community members in both Arizona and Sonora. Recent activities involved the Mexican Consulate, Municipal Health Departments in Sonora, Mexico, binational health councils, and local schools and law enforcement.

Since 1995, VECINOS has supported 165 prevention projects in two countries. With support from the U.S. State Department and the U.S.-Mexico Border Health Association, VECINOS will soon publish the first-ever binational substance use survey for the Arizona-Sonora border region. VECINOS shares its international experience by hosting and providing technical assistance to prevention professionals from Peru, Colombia and Bolivia. Binational plans are under way for prevention and treatment services for this border region.

To learn more about the VECINOS Coalition, contact the Arizona-Mexico Border Health Foundation at (520) 761-4412.

*Arizona Profile*, Drug Strategies, 1996

# Program Nomination Form

*This form is used to obtain recommendations from project advisors on programs across the state. It may be distributed prior to or during the first advisors' meeting.*

One goal of the state profile is to highlight innovative, effective public and private initiatives across the state. Using the categories and criteria listed, please use this form to nominate programs in your state which you believe are outstanding.

## Program Categories

**Prevention:** community partnerships, school programs, police partnerships, statewide youth programs, media campaigns, tobacco control initiatives, etc.

**Criminal Justice:** law enforcement, probation, parole and corrections initiatives, drug courts and diversion programs, treatment for criminals, juvenile crime programs, etc.

**Treatment:** public and privately funded treatment programs, interdisciplinary approaches, culturally targeted treatment programs, women's treatment programs, etc.

**Workplace:** private industry and union efforts, statewide initiatives, incentive programs, etc.

## Selection Criteria

- innovative designs or goals
- unique partnerships or collaborations
- broad geographic and demographic representation of the state
- unusual funding streams
- evidence of program effectiveness

| Program Name | Category | Contact Person | Phone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Promising Program Data Form

*This form is a cue sheet for gathering data on programs. Complete the contact information and pursue the "First Interview" items during the first conversation with a program contact. If applicable, ask for materials (see * items). If necessary, conduct a second phone interview to complete remaining items.*

**Program Name**

**Program Category**

(circle one) Prevention Criminal Justice Treatment Workplace

Other (please specify) _____

**Date of Contact**

**Contact Person**

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Website: _____

Best Time to Reach: _____

| First Interview | Second Interview |
|---|---|
| Impetus for Starting Program | Anecdotes |
| Establishing Organizations/Agencies | Date Program Established |
| Program Goals | Awards and Honors Received |
| *Innovative Aspects of the Program | News Articles/Media Coverage |
| Program Description | Sources of Funding |
| *Implementation Data | Additional Notes |
| Outcome Data | |



*if none, do not ask for materials

# VI. Producing the Report

Writing and designing the report is the culmination of the profile process. Choices about what to include and how to present the information are critical. For indicator-only profiles, the format will be the primary consideration in producing the report, while for comprehensive reports, writing a detailed narrative is just as important. By taking an objective stance, Drug Strategies' state profiles have elevated the debate about drug policy beyond the funding disputes and agency politics which can hinder progress in many states. This chapter describes how to write, design and disseminate a comprehensive report that achieves these goals. However, many of the details, particularly with regard to dissemination, will benefit indicator-only profiles as well. Topics covered in this chapter are writing chapters; making recommendations; reviewing and revising drafts; designing the profile; and spreading the word.

## Writing Chapters

Priorities in writing and organizing the report should be guided by answers to the Key Questions explored in the early phases of the profile project. Thus, considerations about the audience and the goals of the project will influence the tone of the report, what information is included and how it is presented. The model that has worked well for Drug Strategies has been to present key findings and trends grouped by topic (e.g., prevalence, health, crime). To offset negative trends or discouraging figures in the state, each chapter is followed by summaries of programs in the state that show promise for reducing alcohol, tobacco or other drug problems. For example, following a chapter on prevalence of drug use, we typically devote a few pages to describing promising prevention programs which complement the indicator-driven narrative with examples of on-the-ground efforts to address local and statewide problems. Whether as part of the promising programs or within the chapters themselves, the report highlights unique initiatives in data collection, collaboration and intervention related to prevention, treatment and criminal justice. These may include (1) ground-breaking projects or policies that other states could adopt, such as Maryland's Pilot Pulse Check Project modeled after the national Pulse Check Report, and (2) projects and policies with local relevance, such as community coalitions and local laws. Sometimes there will be overlap in these two categories, as in the case of the Kansas City, Missouri voter-mandated tax which helps fund the local drug court. Early in the profile, we also include a brief chapter describing the state agency structure related to drug issues, as well as economic, demographic and geographic factors which impact drug use trends and program implementation in the state.

## Making Recommendations

Each of Drug Strategies' state profiles includes a chapter entitled "Looking to the Future" summarizing the challenges the state faces, and offering recommendations for the future. If the research process has revealed areas that would benefit from additional data collection, collaboration or legislation, for example, this is the place where we suggest specific changes. The recommendations often are organized into larger categories, such as state leadership and organization, prevention, treatment, criminal justice, data gathering, etc. Some basic considerations apply to all states in making recommendations, whatever their specific content.

*Power in Numbers.* By presenting indicator trends and the outcomes of existing initiatives, the profile sets a tone which holds agencies accountable for spending, using reliable numbers to quantify program outcomes. Since Drug Strategies' goal is to produce concise reports, we have always ended up with more information than we can use. Since the strongest data provide the firmest ground for policy recommendations, we have tended to focus on the figures with the strongest methodological underpinnings. As examples, we may include data which are less reliable or are less representative of the entire state, bu.. ve are less likely to use them as building blocks for recommendations.

Sometimes recommendations arise naturally from the absence of numbers. For example, failure to find indicator data (particularly when those indicators were ranked high on the list of priorities) points to obvious areas for improvement in statewide monitoring efforts. Discussion of missing data thus presents opportunities for growth and new initiatives.

*Realistic Goals.* The profile integrates criminal justice, health, prevention and treatment data. Thus, recommendations ideally apply to all these areas. If the profile's advisory process has effectively involved community leaders, agency heads and elected officials, the recom-

mendations are more likely to be embraced and eventually enacted. However, it is important to be realistic; change takes time even under the best circumstances. All manner of events can delay progress, including those that have nothing to do with drug policy. If the recommendations call for reallocating funds, there are bound to be some political obstacles. Some objections will be predictable. For instance, recommendations for new service delivery systems or substantial shifts in funding and responsibilities will provoke opposition from those who have confidence in the current system or benefit from it in some way. Researchers need to account for such objections when framing recommendations. We have found it valuable to consider how funding decisions can reshape policy priorities and create opportunities for change. For example, all states have had to revise their welfare systems in the wake of federal welfare reform legislation and time limits on benefits. In the process, many have adopted new mechanisms for assessing the service needs of welfare recipients, including their alcohol and other drug treatment needs. Without sacrificing the ultimate goal of a given reform, legitimate concerns about the pace of change can be acknowledged and a gradual transition proposed.

Being realistic also means putting recommendations into context. Therefore, given all the needs of the state, it is helpful to consider what initiatives should take priority and are most likely to be implemented. It is important to know what kinds of recommendations the state is ready to embrace. Some states want general recommendations only, while others are looking for a detailed blueprint of goals and actions for the future. For the *Rural Indiana Profile*, Drug Strategies was asked to provide detailed recommendations for specific state and local agencies, while in California, state leaders were less interested in this level of detail, preferring a more general approach.

There is a thin line, however, between fashioning realistic recommendations and allowing concerns about political feasibility to dictate recommendations. In some cases, the rationale and supporting evidence for a policy recommendation may be so strong that considerations of political feasibility should be put aside entirely; even if

## Selecting Realistic Priorities for the Future

| Challenges | Strategies |
|---|---|
| Using Limited Resources to Address Multiple Needs | Encourage interagency collaboration to prevent duplication of effort.<br><br>Base recommendations on the cost-savings resulting from successful programs.<br><br>Include methods of funding new initiatives in the recommendations. |
| Choosing battles carefully | Assume the role of policymaker. Choose ambitious goals, but remain cognizant of the political realities which impact state policy. |
| Balancing Data Needs with Policy Initiatives | Link policy recommendations to objective indicators, even if data have not yet been collected. |

enactment appears remote, the recommendation should be made.

*Emphasize Collaboration.* Collaboration has universal appeal, building bridges and unifying groups around shared goals. Moreover, collaboration is an appropriate strategy for addressing community drug problems, which simultaneously impact the spending, policies and programs of multiple state agencies. Without exception, Drug Strategies' state profiles have recommended increased collaboration among agencies to strengthen initiatives and prevent duplication of effort.

## Reviewing and Revising Drafts

Project advisors can provide invaluable feedback on drafts of the report. Whether the profile is being written by a state agency, an academic researcher, a commission or an independent group, early drafts may lack the perspective that advisors from multiple disciplines offer. Outsiders are rarely as sensitive to agency histories and politics as are advisors who work in the state and who will know immediately if something critical has been overlooked.

It is important to incorporate advisors' suggestions wherever possible. Comments from advisors often provide new leads on quantitative or qualitative data which were not identified during the research process. In addition, taking their advice helps maintain advisors' engagement in the project. If advisors feel they have been consulted along the way, they are also more likely to accept the final product.

## Designing the Profile

Nowhere is the adage "less is more" more apt than in writing and designing a state profile report. To be effective, we have found that the report needs to be short and easy to read; there is no use in producing yet another 350-page document that no one will read. We summarize data wherever possible, and we use charts to highlight trends, particularly those which will be linked to recommendations. The graphics reflect important data highlighted in the narrative, in order to help the reader focus on critical information.

We have found it essential to arrange in advance how the report will be produced. These decisions will be driven largely by the project budget. The following factors merit consideration: desktop publishing or professional graphic design; single or multi-color production; quality of paper; and quantity needed.

Investing in a graphic designer to format the final document may seem like a luxury. However, we have found it to be well-worth the extra expense, since professionally designed reports can make a stronger impression and often are taken more seriously. The choice of a designer is important, since the artwork sets the tone for the whole report. It is helpful to be careful about graphic images: they truly speak louder than words.

On the other hand, desktop publishing is fine if that is what the budget allows. The word processing and spreadsheet software used in most offices are certainly adequate for producing an attractive report with charts and tables. Using a professionally designed cover with desktop publishing for the inside pages may be an affordable alternative.

## Spreading the Word

Dissemination is an essential element in any successful public policy initiative. Careful research and rigorous analysis cannot influence policy changes unless the information reaches key individuals and organizations in a timely fashion and user-friendly format.

Traditionally, many dissemination efforts by non-profit organizations have had limited impact on policy issues due to an unambitious distribution strategy. We have found it critical to include all the sectors that can play a role in bridging the gap between research and practice. For example, beyond those who administer policy are those who frame and fund it, such as legislators and local council members. If funds for dissemination were not allocated in the project budget, a separate grant may be needed to cover the costs of mailing out the report. This is often a good use for donations from the private sector. Members of the advisory panel can be very helpful in determining how and to whom the report should be released. A dissemination strategy includes the development of a data base culled from existing mailing lists.

Additional names of individuals and organizations can be added as they are identified. With a limited distribution of 1,500 copies, for example, it is important that each report is sent to the most appropriate individual. For instance, the staff director of a welfare or social services legislative committee will probably better utilize the report than the legislator who chairs the committee. It may also be important to include federal legislators and others outside the state in the dissemination strategy. Depending upon budget constraints, hiring a mailing house to coordinate the dissemination effort may be a worthwhile investment.

Conferences and meetings are also useful venues for dissemination. For example, in Indiana, a local foundation hosted a leadership luncheon which coincided with the release of the *Rural Indiana Profile*. The event facilitated dialogue about drug problems among state and local leaders, and enhanced media reports about the profile.

*THE MEDIA CONNECTION.* For elected officials who make policy and funding decision, public support is a significant element in their decisions. Thus, successful dissemination efforts typically include a media component targeting the general press and trade publications which can promote the profile and foster openness for change.

For all of our state profiles, Drug Strategies uses media advisories and press briefings to engage the public in dialogue about drug policy. Developing relationships with journalists interested in drug issues over the course of the project can make this effort especially fruitful. Members of the media typically are very interested in state profiles, which bring together and clarify data from diverse disciplines. Educating the media about state drug problems increases the likelihood that the report will appear in print, radio and television news reports, and expands the audience for the profile far beyond what one organization can reach on its own. For example, in Massachusetts, WJIB radio was so impressed with the profile that it twice read the complete document over the air, with the entire Boston metropolitan area as its audience.

*USING THE INTERNET.* Posting the profile on the Internet can reduce printing and postage costs and make the report accessible to thousands more people. It also provides an opportunity to present detailed data tables and footnotes which may not fit easily into a printed report. Drug Strategies' state profiles are posted on state Internet sites in Arizona, Indiana and South Carolina, as well as on Drug Strategies' website.

# VII. Looking Ahead

*Lessons from the Field* describes the steps and challenges involved in producing state profiles of alcohol, tobacco and other drug problems. It emphasizes the importance of data in both evaluating policies and programs and shaping new ones. The effectiveness of the state profile as a tool for shaping initiatives may also be scrutinized, especially if it is to be published on an annual or recurrent basis. Indeed, funders may require a review of the research process and an impact evaluation. Ideas for how to conduct such an evaluation are described briefly here.

## Reviewing the Research Process

Assessing the usefulness of the indicator research process will be essential if the profile is to be repeated at a later date. For each indicator, it is important to determine whether data were available; whether trends were available; and whether the data were useful, reliable, methodologically sound and easily accessed. If indicator data were not available, was the indicator skipped altogether, reported as unavailable, or approximated using other data? It may also be important to assess whether the figures of most value to advisors were available. For example, in Massachusetts, California and Ohio, we found that highly ranked indicators on advisors' priority lists, such as rates of adult illicit drug use, were not always available.

An additional question may be whether the state was already using the available data to shape policy and programs. For example, there may have been data in paper files that were never coded or keyed into a database for analysis due to lack of resources.

## Measuring Impact

Objectively measuring the profile's impact means determining whether recommendations have been implemented and how new initiatives are progressing. Real impact rarely takes place in the short term, because the relevant changes take time. Nonetheless, monitoring legislative events, funding trends and new initiatives in the years after the state profile is a good start. Long-term changes in the trends on indicators used in the profile may be seen as outcomes, although these trends are naturally influenced by many factors.

Preliminary impact may also be measured in terms of media coverage and public statements by elected officials and agency heads. For example, following the release of the *Kansas Profile*, the governor of Kansas dedicated his weekly newspaper editorial to the issue of drug abuse, describing the profile as one of the best reports he had seen on any topic in two decades of public service. In Ohio, the state drug czar hand-delivered copies of the profile to each state legislator. In Indiana, Congressman Lee Hamilton conducted a series of town meetings in his rural district to generate local responses to drug abuse. In South Carolina, at the press conference releasing the profile, the state drug czar announced a new criminal justice partnership to provide treatment to criminal offenders. Drug Strategies' profiles have received "above the fold" news stories in major papers within each state, and members of the media have repeatedly commented that the profiles are an invaluable public service, improving depth of understanding and raising public awareness of alcohol, tobacco and other drug problems.

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## DRUG STRATEGIES

Drug Strategies promotes more effective approaches to the nation's drug problems and supports private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.


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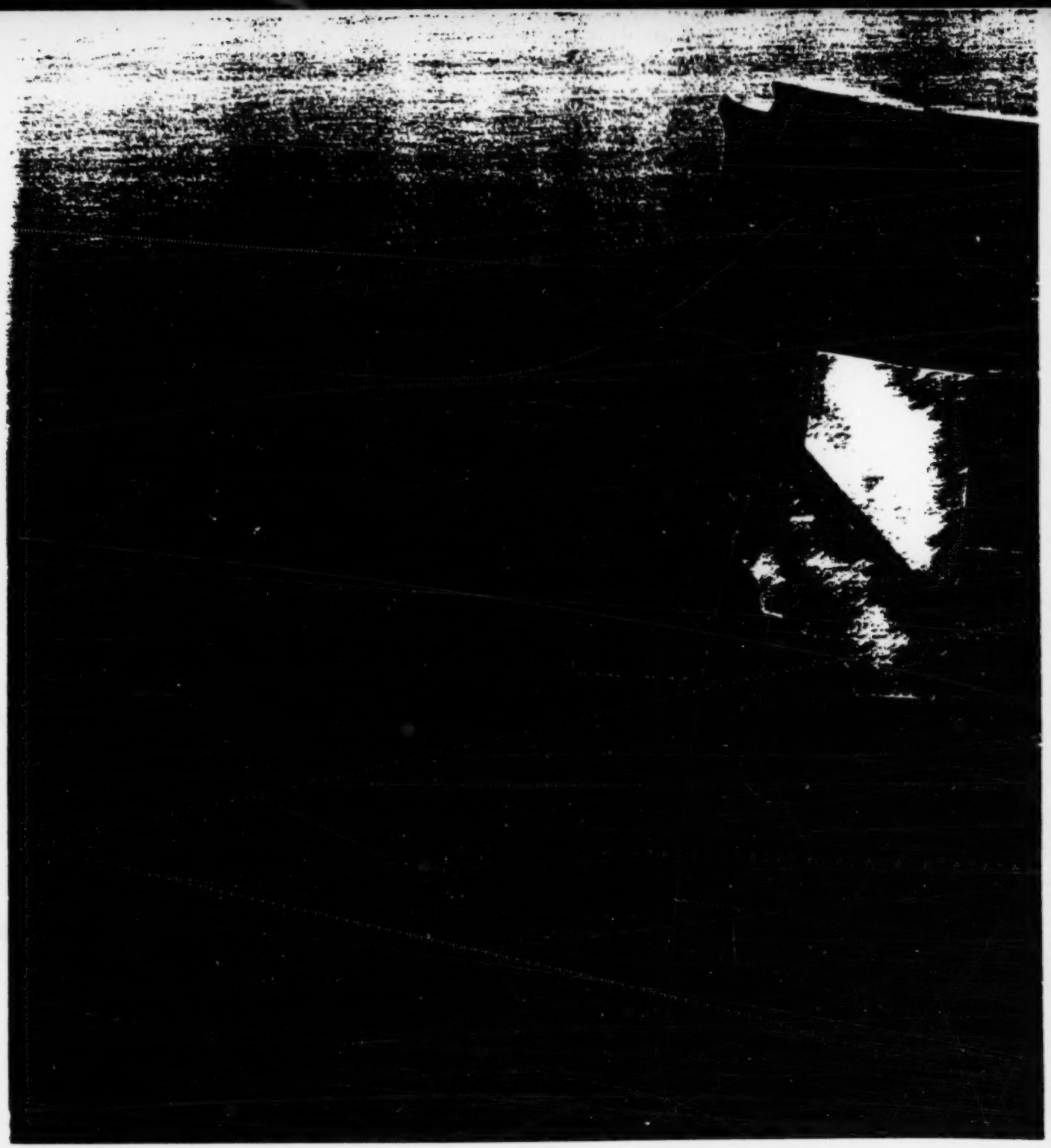

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